

APPLICATION FOR LICENSE OR IDENTIFICATION CARD

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS OFFICE OF MOTOR VEHICLES

THIS SPACE FOR OFFICE
USE ONLY

| | | | | | | | |
|--------------------------|---|-----|------|---|--------|------------------------|---------------|
| LICENSE NO. | PRINT FULL NAME LAST FIRST MIDDLE/MAIDEN OR SUFFIX | | | DATE | | | |
| CLASS | MAILING ADDRESS | | | <input type="checkbox"/> Original <input type="checkbox"/> Duplicate <input type="checkbox"/> Renewal <input type="checkbox"/> Out-of-State Transfer | | | |
| RESTRICTIONS | RESIDENCE ADDRESS | | | TESTS <input type="checkbox"/> Written <input type="checkbox"/> Driving | | | |
| ENDORSEMENTS | CITY/TOWN ZIP | | | <input type="checkbox"/> Operator <input type="checkbox"/> ID Card <input type="checkbox"/> Commercial | | | |
| DATE OF BIRTH (MM/DD/YY) | RACE | SEX | EYES | HEIGHT | WEIGHT | SOCIAL SECURITY NUMBER | DOMICILE CODE |

ORGAN DONOR? ☐ Yes ☐ No REGISTER TO VOTE? ☐ Yes ☐ No SOCIAL SECURITY NUMBER TO APPEAR ON LICENSE? ☐ Yes ☐ No

By submitting this application, I am consenting to registration with the Federal Selective Service System, if so required. If under 18 years of age, I understand that I will be registered when I attain 18 years of age as required by Federal law.

☐ CHANGE/CORRECTION ☐ NAME CHANGE FROM: _____ ☐ CHANGE DOB FROM _____ TO _____
☐ CHANGE CLASS FROM _____ TO _____ ☐ ADD RESTRICTION _____ ☐ LIFT RESTRICTION _____

VISUAL ACUITY: LEFT 20/____ RIGHT 20/____ BOTH 20/____ ☐ WITHOUT CORRECTIVE LENS ☐ WITH CORRECTIVE LENS

HEARING: ☐ GOOD ☐ DEAF ☐ POOR

PHYSICAL INFIRMITIES: ☐ NONE NOTED ☐ MISSING EXTREMITIES ☐ OTHER
☐ STIFFNESS ☐ MENTAL ☐ SHAKINESS

ANSWER THE FOLLOWING QUESTIONS: (New Applicants Must Answer #1 Through #8).

CHOOSE ONE

- | | | |
|--|---|---|
| 1. Have you ever applied for or been previously issued a learner's permit or driver's license? | Y | N |
| 2. Have you ever had a commercial driver's license? If your answer to question one or two is yes, list the state(s) of issuance and the license/permit number(s): _____ | Y | N |
| 3. Have you ever held a license in any name other than the one on this application? If yes, list the name(s). _____ | Y | N |
| 4. Are you currently under suspension in this or any other state? If yes, list the name of the state. _____ | Y | N |

RENEWAL

- | | | |
|--|---|---|
| 5. Are you a United States citizen? If no, are you a permanent resident alien? If no, what documents are presented to show legal presence? _____ What is the expiration date of your status? _____ | Y | N |
| 6. Have you ever experienced any loss of consciousness other than normal sleep? If yes, explain: _____ | Y | N |
| 7. Do you currently have any physical or mental condition which could impair your ability to operate a motor vehicle safely? | Y | N |
| 8. Do you wear contact lenses or glasses when driving? | Y | N |

TO BE USED ONLY IF APPLICANT IS A MINOR (CHECK APPROPRIATE BOX)

- | | | |
|--|--|--|
| <input type="checkbox"/> ISSUE OPERATOR CLASS | <input type="checkbox"/> ISSUE "02" RESTRICTED LEARNER'S LICENSE | <input type="checkbox"/> ISSUE IDENTIFICATION CARD |
| <input type="checkbox"/> ISSUE DUPLICATE LICENSE/IDENTIFICATION CARD | <input type="checkbox"/> LIFT "02" OR "61" RESTRICTION | |

I certify that I am the ☐ custodial parent ☐ legal domiciliary parent ☐ legal guardian of the minor applying and this is my authorization to the Office of Motor Vehicles to issue a license/identification card as indicated above. I hereby declare with proof by documents presented that he/she was born on the _____ day of _____, _____. I also declare by my signature below that information furnished by minor and me is complete and correct.

Signature of person authorized to sign in accordance with R.S. 32:407. **NOTE: Only the domiciliary parent can sign if joint custody has been awarded.**

| | | | | | | | |
|-------|---------------|------|--------------|-------|---------------|------|----------------|
| First | Middle/Maiden | Last | Printed Name | First | Middle/Maiden | Last | License/ID No. |
|-------|---------------|------|--------------|-------|---------------|------|----------------|

MVCA Signature & Operator No./Notary Public Signature & Seal

DECLARATION OF INTENT

By my signature affixed below, I certify under penalty of law, that: (1) all statements on this application are true and correct; (2) I have obtained Louisiana registration on all vehicles I intend to operate in the State of Louisiana; (3) I have and will maintain vehicle liability insurance or security on all owned vehicles, as required by R.S. 32:861-865; (4) I may be subject to certain criminal and/or civil penalties for offenses involving a commercial motor vehicle or a commercial driver's license if I am the operator of such motor vehicle or the holder of such license; (5) I meet the qualifications of 49 CFR 391 for interstate operation of a commercial motor vehicle (if applicable); (6) I am in compliance with the CMV Safety Act of 1986; I do not and will not have in my possession more than one driver's license; (7) I hereby give my consent, under the provisions of R.S. 32:661 et. Seq., to take a chemical test to determine the presence of alcohol or a controlled dangerous substance in my blood while operating a motor vehicle, if requested to do so by a law enforcement officer.

| | | | | |
|------|------------------------|---------------------------------------|------------|----------|
| DATE | SIGNATURE OF APPLICANT | SIGNATURE OF M. V. COMPLIANCE OFFICER | OPERATOR # | OFFICE # |
|------|------------------------|---------------------------------------|------------|----------|

REMARKS: (FOR OFFICE USE ONLY) _____

MVCA INITIALS ()

| OPERATOR'S WRITTEN TEST | SCORE | | DATE | MVCA BADGE # AND INITIALS |
|----------------------------|-------|------------|------|---------------------------|
| | SIGNS | ROAD RULES | | |
| TEST # | | | | |
| TEST # | | | | |
| TEST # | | | | |
| TEST # | | | | |
| TEST # | | | | |
| TEST # | | | | |

| CHAUFFEUR'S WRITTEN TEST | SCORE | DATE | MVCA BADGE # AND INITIALS |
|-----------------------------|-------|------|---------------------------|
| TEST # | | | |
| TEST # | | | |
| TEST # | | | |
| TEST # | | | |

| MOTORCYCLE WRITTEN TEST | SCORE | DATE | MVCA BADGE # AND INITIALS |
|----------------------------|-------|------|---------------------------|
| TEST # | | | |
| TEST # | | | |
| TEST # | | | |
| TEST # | | | |

LICENSE CLASSES

COMMERCIAL DRIVER'S LICENSE

A – Combination Vehicles (GVWR in excess of 26,000 lbs. or towing a vehicle with a GVWR in excess of 10,000 lbs.)

B – Heavy Vehicles (GVWR in excess of 26,000 lbs. (single vehicle) or towing a vehicle with a GVWR not more than 10,000 lbs.)

C – Light Vehicles (GVWR not more than 26,000 lbs. (single vehicle) or towing a vehicle with a GVWR not more than 10,000 lbs. or designed to transport 16 passengers or vehicles required to be placarded under the Federal Hazardous Materials Regulations or under state law or regulations)

CHAUFFEUR'S DRIVER'S LICENSE

D – Commercial Vehicles (Single vehicles with GVWR not more than 26,000 lbs. and not less than 10,000 lbs. or designed or utilized to transport passengers for hire or vehicles with 3 or more axles)

PERSONAL DRIVER'S LICENSE

E – Personal Use Vehicles (Single motor vehicles with GVWR not in excess of 10,000 lbs. utilized for personal transportation or single vehicles utilized strictly for recreational purposes or farm vehicles owned and operated within 150 air miles of owner's farm)

☐ ADD ENDORSEMENT: _____ ☐ LIFT ENDORSEMENT: _____

| COMMERCIAL DRIVER'S LICENSE WRITTEN TEST RESULTS | | | | |
|--|-----------------|-------|------|---------------------------|
| TEST | FORM / COMPUTER | SCORE | DATE | MVCA BADGE # AND INITIALS |
| <input type="checkbox"/> GENERAL KNOWLEDGE | | | | |
| <input type="checkbox"/> AIR BRAKES | | | | |
| <input type="checkbox"/> COMBINATION | | | | |
| <input type="checkbox"/> HAZARDOUS MATERIALS | | | | |
| <input type="checkbox"/> TANKER | | | | |
| <input type="checkbox"/> PASSENGER | | | | |
| <input type="checkbox"/> DOUBLE/TRIPLE TRAILERS | | | | |
| <input type="checkbox"/> SCHOOL BUS | | | | |

Medical Form for CDL Only
(Print Physician's Name & Address)